

2001

U.S. DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION  
AND REHABILITATIVE SERVICES  
OFFICE OF SPECIAL EDUCATION  
PROGRAMS

OMB NO.: 1820-0557

FORM EXPIRES: 7/31/2004

TABLE 1  
REPORT OF INFANTS AND TODDLERS RECEIVING  
EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C  
DECEMBER 1, 2001

SECTION A

STATE Montana

TOTAL NUMBER OF INFANTS AND TODDLERS RECEIVING EARLY INTERVENTION SERVICES				
	Total	AGE AS OF DECEMBER 1:		
		birth to 1 (12 months)	1 to 2 (>12 and 24 months)	2 to 3 (>24 and 36 months)
TOTAL (ROWS 1-5)	600	164	220	216
1. AMERICAN INDIAN OR ALASKA NATIVE	94			
2. ASIAN OR PACIFIC ISLANDER	6			
3. BLACK (Not Hispanic)	4			
4. HISPANIC	16			
5. WHITE (Not Hispanic)	480			

ORIGINAL SUBMISSION/REVISION  
CURRENT DATE: \_\_\_\_\_

TABLE 1  
REPORT OF INFANTS AND TODDLERS RECEIVING  
EARLY INTERVENTION SERVICES IN ACCORDANCE WITH PART C  
DECEMBER 1, 2001

SECTION B (TO BE COMPLETED ONLY BY STATES THAT SERVE AT-RISK INFANTS AND TODDLERS)

STATE: MT

NUMBER OF INFANTS AND TODDLERS IDENTIFIED AS AT-RISK (THESE INFANTS AND TODDLERS SHOULD BE INCLUDED IN COUNTS FOR SECTION A)				
	Total	AGE AS OF DECEMBER 1		
		birth to 1 (12 months)	1 to 2 (12 and 24 months)	2 to 3 (24 and 36 months)
TOTAL (ROWS 1-5)				
1. AMERICAN INDIAN OR ALASKA NATIVE				
2. ASIAN OR PACIFIC ISLANDER				
3. BLACK (Not Hispanic)				
4. HISPANIC				
5. WHITE (Not Hispanic)				

SECTION C (OPTIONAL)

CUMULATIVE NUMBER OF INFANTS AND TODDLERS WHO RECEIVED EARLY INTERVENTION SERVICES FROM <u>10/1/00</u> TO <u>9/30/01</u> (SPECIFY EXACT DATES)	
NUMBER OF INFANTS AND TODDLERS	AGE: birth through 2
	<u>1,167</u>

ORIGINAL SUBMISSION/REVISION  
CURRENT DATE: \_\_\_\_\_

TABLE 2

REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES  
ARE PROVIDED TO INFANTS AND TODDLERS WITH DISABILITIES  
AND THEIR FAMILIES IN ACCORDANCE WITH PART C

DECEMBER 1, 2001

OMB NO.: 1820-0557

FORM EXPIRES: 7/31/2004

STATE Montana

Section A: Report by Individual Age Year

AGE GROUP AS OF DECEMBER 1				
PROGRAM SETTING	Total	Birth-1	1-2	2-3
TOTAL (ROWS 1-7)	600	164	228	208
1. PROGRAM DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES	0	0	0	0
2. PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN	17	6	4	7
3. HOME	551	147	210	194
4. HOSPITAL (INPATIENT)	0	0	0	0
5. RESIDENTIAL FACILITY	0	0	0	0
6. SERVICE PROVIDER LOCATION	31	11	13	7
7. OTHER SETTING*	1	0	1	0

\* Please list the Other Settings included: \_\_\_\_\_

PLC office

TABLE 2

REPORT OF PROGRAM SETTING WHERE EARLY INTERVENTION SERVICES  
ARE PROVIDED TO INFANTS AND TODDLERS WITH DISABILITIES  
AND THEIR FAMILIES IN ACCORDANCE WITH PART C

DECEMBER 1, 2001

OMB NO.: 1820-0557

FORM EXPIRES: 7/31/2004

STATE Montana

Section B: Report by Race/Ethnicity

AGE GROUP AS OF DECEMBER 1: BIRTH THROUGH 2						
PROGRAM SETTING	TOTAL	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)	AMERICAN INDIAN OR ALASKA NATIVE
TOTAL (ROWS 1-7)	600	6	4	16	480	94
1. PROGRAM DESIGNED FOR CHILDREN WITH DEVELOPMENTAL DELAY OR DISABILITIES						
2. PROGRAM DESIGNED FOR TYPICALLY DEVELOPING CHILDREN	17			1	14	2
3. HOME	551	6	4	15	439	87
4. HOSPITAL (INPATIENT)						
5. RESIDENTIAL FACILITY						
6. SERVICE PROVIDER LOCATION	31				26	5
7. OTHER SETTING*	1				1	

\* Please list the Other Settings included: \_\_\_\_\_

QLC office

ORIGINAL SUBMISSION/REVISION

CURRENT DATE: \_\_\_\_\_

TABLE 3

REPORT ON INFANTS AND TODDLERS EXITING PART C PROGRAMS  
2001-2002

STATE: Montana

12-Month Reporting Period (From MM/YY to MM/YY): \_\_\_\_\_

REASONS FOR EXIT	TOTAL	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)	AMERICAN INDIAN OR ALASKA NATIVE
TOTAL NUMBER OF INFANTS AND TODDLERS EXITING (ROWS 1-9)	481	4	6	12	371	88
SECTION A: PROGRAM COMPLETION						
1. COMPLETION OF IFSP PRIOR TO REACHING MAXIMUM AGE FOR PART C	69	1	1	0	52	15
2. PART B ELIGIBLE	157	0	2	3	131	21
3. NOT ELIGIBLE FOR PART B, EXIT TO OTHER PROGRAMS	41	1	1	1	34	4
4. NOT ELIGIBLE FOR PART B, EXIT WITH NO REFERRALS	17	0	0	1	15	1
5. PART B ELIGIBILITY NOT DETERMINED	45	0	0	1	34	10
SECTION B: OTHER EXIT REASONS						
6. DECEASED	7	0	0	0	5	2
7. MOVED OUT OF STATE	54	1	0	3	40	10
8. WITHDRAWAL BY PARENT (OR GUARDIAN)	58	0	2	3	35	18
9. ATTEMPTS TO CONTACT UNSUCCESSFUL	33	1	0	0	25	7

TABLE 4

REPORT OF EARLY INTERVENTION SERVICES ON IFSPS PROVIDED  
TO INFANTS, TODDLERS, AND THEIR FAMILIES  
IN ACCORDANCE WITH PART C

DECEMBER 1, 2001

STATE: Montana

EARLY INTERVENTION SERVICES	NUMBER OF INFANTS AND TODDLERS (BIRTH THROUGH 2) AND THEIR FAMILIES RECEIVING SERVICES				
	ASIAN OR PACIFIC ISLANDER	BLACK (Not Hispanic)	HISPANIC	WHITE (Not Hispanic)	AMERICAN INDIAN OR ALASKA NATIVE
1. ASSISTIVE TECHNOLOGY SERVICES/DEVICES	3	0	2	53	11
2. AUDIOLOGY	1	1	2	137	16
3. FAMILY TRAINING, COUNSELING, HOME VISITS, AND OTHER SUPPORT	5	2	9	351	67
4. HEALTH SERVICES	0	1	2	44	7
5. MEDICAL SERVICES (for diagnostic or evaluation purposes)	1	0	0	95	9
6. NURSING SERVICES	1	0	0	11	4
7. NUTRITION SERVICES	1	0	4	93	18
8. OCCUPATIONAL THERAPY	3	1	4	156	20
9. PHYSICAL THERAPY	4	1	5	140	20
10. PSYCHOLOGICAL SERVICES	0	0	1	47	8
11. RESPITE CARE	1	0	4	117	35
12. SOCIAL WORK SERVICES	0	1	5	86	18
13. SPECIAL INSTRUCTION	1	2	11	170	30
14. SPEECH-LANGUAGE PATHOLOGY	3	0	5	189	27
15. TRANSPORTATION AND RELATED COSTS	1	0	1	27	4
16. VISION SERVICES	2	0	1	41	6
17. OTHER EARLY INTERVENTION SERVICES*	2	3	3	83	21

\* Please list the Other Early Intervention Services Included: \_\_\_\_\_

Toddler group, Deaf/Blind Assistance, Eagle Mount, Daycare,  
NICU Follow-up clinics, Swimming, Massage therapy,  
Early Headstart, Friends & Youth, Hab aid, Travel & medical follow-up,  
Ed material, genetic Counseling, ENT, Recreation,  
Activity fees

ORIGINAL SUBMISSION/REVISION \_\_\_\_\_

CURRENT DATE: \_\_\_\_\_

TABLE 5

NUMBER AND TYPE OF PERSONNEL (In Full-Time Equivalency of Assignment) EMPLOYED  
AND CONTRACTED TO PROVIDE EARLY INTERVENTION SERVICES TO INFANTS AND TODDLERS  
WITH DISABILITIES AND THEIR FAMILIES

2001-2002

OMB NO.: 1820-0556

FORM EXPIRES: 7/31/2004

STATE: *Montana*

EARLY INTERVENTION SERVICES PERSONNEL	FTE EMPLOYED AND CONTRACTED (for ages birth through 2)
TOTAL (ROWS 1-15)	81.3295
1. AUDIOLOGISTS	.1432
2. FAMILY THERAPISTS	.0942
3. NURSES	8.2597
4. NUTRITIONISTS	.9951
5. OCCUPATIONAL THERAPISTS	3.2974
6. ORIENTATION AND MOBILITY SPECIALISTS	.0001
7. PARAPROFESSIONALS	2.31
8. PEDIATRICIANS	.7246
9. PHYSICAL THERAPISTS	1.9951
10. PHYSICIANS, OTHER THAN PEDIATRICIANS	.5534
11. PSYCHOLOGISTS	.1068
12. SOCIAL WORKERS	2.1419
13. SPECIAL EDUCATORS	20.006
14. SPEECH AND LANGUAGE PATHOLOGISTS	3.8842
15. OTHER STAFF*	36.8178

\* Please list the Other Professional Staff included:

*Special Needs assistance, OT/PT assistance,  
Early Headstart, Nurse for NICU follow-up clinic,  
Swimming instructor, Massage therapist,  
Family Support Specialists, MT adaptive equipment  
Friends & Youth staff Staff,*